AGENT LICENSING DIVISION

P.O. Box 517 Frankfort, KY 40602-0517 (502) 564-6004

http://doi.ppr.ky.gov/kentucky/

REQUEST FOR WAIVER OF RENEWAL PROCEDURES or EXEMPTION FROM EXAMINATION or EXTENSION FOR CONTINUING EDUCATION

DUE TO ACTIVE MILITARY SERVICE DEPLOYMENT

			()
(Licensee Name)		(Social Security Number)	(Telephone Number)
(Street or Post Office Address)		(City, State, and Zip Code)	
PLEASE	CHECK APPROPRIATE REQUEST:		
Wai	iver of Renewal Penalties and Sanctions.* A	Attachments required:	
•	Explanation of which renewal procedures	should be waived and why.	
•	Documentation proving or affidavit sweari	ing to the dates of active milita	ary service and deployment.
Wai	iver of Continuing Education Requirements.	* Attachments required:	
•	Explanation of why Continuing Education biennium period.		completed within the 2-year
•	• Demonstrate that you have given a good faith effort to meet requirements prior to deployment.		
•	Documentation proving or affidavit sweari	ing to the dates of active milita	ary service and deployment.
Exe	emption of Examination.* Attachments requi	ired:	
•	Explanation of which renewal procedures		
•	Documentation proving or affidavit swearing	ing to the dates of active milita	ary service and deployment.
Exte	ension of continuing Education Requirement	t.* Attachments required:	
•	Explanation of why Continuing Education biennium period.	<u>=</u>	completed within the 2-year
•	Extension date reques (maximum 2 years). Include an explanation		
•	Demonstrate that you have given a good fa		
•	Documentation proving or affidavit swearing	ing to the dates of active milita	ary service and deployment.
(Signatur	a)	(Date)	
(Signature)		(Date)	

NOTE: The Office will review request on a case by case basis and will notify you in writing whether your request has been granted or not.

^{*} KRS 304.9-260(3)